

Ag Exp.: XXXXXXXXXXXX1001

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 07/22/08		2 Serial/Patent # 10517722		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time		06/25/08	\$ 1,050.00
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
			7 TOTAL AMOUNT OF REFUND	\$ 1,050.00
10 REASON:		8 TO BE REFUNDED BY:		
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check CC	
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	Credit Deposit A/C #:	
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9	0 3 -- 2 7 7 5	
paid unnecessary extension of time fee				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: Joan Olszewski		TITLE: Petition Examiner		
SIGNATURE: _____		PHONE: 571-272-7751		
OFFICE: Office of Petitions				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: CKhbk		DATE: 7/25/08		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**